
Kentucky State Board of Physical Therapy

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Opinion and Declaratory Ruling regarding scope of practice and OASIS, by the
Kentucky State Board of Physical Therapy

The Board has been asked to determine whether it is within the scope of practice for a licensed physical therapist to perform a "drug regimen review" as required by the federally mandated Outcome and Assessment Information Set ("OASIS") for home health services.

As the agency authorized by the Kentucky General Assembly to regulate the practice of physical therapy in this Commonwealth, the Board is empowered to interpret its statutes and regulations. In summary, concerning OASIS and Kentucky licensed physical therapists, the following is the opinion and declaratory ruling of the Board as authorized by KRS Chapter 13A.

Facts

The Health Care Financing Administration ("HCFA") published a final rule January 25, 1999, in the Federal Register which requires that home health care providers complete a comprehensive assessment for each patient, and that they incorporate the "Outcome & Assessment Information Set" ("OASIS") into their comprehensive assessment process.

The initial assessment, including the drug regimen review, is required by HCFA to be performed by a registered nurse to determine the immediate care and support needs of the patients. However, when the only required service for a patient is a therapy service, a physical therapist or speech-language pathologist may conduct the initial evaluation visit and is thus asked to complete the comprehensive assessment, including the drug regimen review. HCFA also states that the same discipline that completed the initial OASIS need not be the same discipline to complete the comprehensive assessment.

Federal regulations, Subpart C, Section 484.55, mandate that certain health care practitioners, including physical therapists, in home health service settings perform the "drug regimen review" which is defined as follows:

A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy.

Scope of Practice of the Physical Therapist

KRS 327.010(1) defines the practice of "physical therapy" as:

"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, dentistry, chiropractic or podiatry and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects such as, but not limited to, nerve and muscle function including subcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed upon referral by a licensed doctor of medicine, osteopathy, dentistry, chiropractic or podiatry including, but not limited to, exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter.

No where in the statutory definition of physical therapy, KRS 327.010(1), above, is anything mentioned about pharmacology at all. With the above being considered, completion of the drug regimen review by the physical therapist has been questioned as to whether the completion of the drug regimen is within the scope of the practice of Physical Therapy as defined by KRS 327.010(1).

The Board is of the opinion that a licensed physical therapist may complete a drug regimen review as mandated by OASIS only as follows:

The physical therapist may perform the drug regimen review only when the following notation is included as an addendum: "Medications listed will be reviewed by _____ (individual name), RN, Case Manager."

The Board also reminds licensed physical therapists that under 201 KAR 22.053 Section 6, the physical therapist must include "P.T." as the "correct designation following the signature of the person who has entered the statement into the patient record" when the physical therapist completes that part of the OASIS documentation, including the drug regimen review.

Completion of this documentation in this manner allows the physical therapist to complete the OASIS duties and also comply with Kentucky law at 201 KAR 22.053 Section 3 which requires that the physical therapist shall "refer the patient to other professionals of services when the treatment of service is beyond the scope of his practice."

Adopted: June 17, 1999